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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/584,936 |
| | Filing Date | 05/31/2000 |
| | First Named Inventor | Michael G. Kahn |
| | Title | Clinical Trials Management Sy |
| | Art Unit | 3626 |
| | Examiner Name | Lena Najarian |
| | Attorney Docket Number | 1851-9 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23869

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
|----------------------|---------------------|
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☒ The address associated with the above-mentioned Customer Number.

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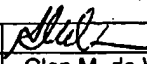
I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-------------|
| Signature |  | Date | 28 MAY 2009 |
| Name | Glen M. de Vries | Telephone | |
| Title and Company | President and Director, Medidata FT, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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